

**IDAHO CHILD AND ADULT CARE FOOD PROGRAM  
AUDIT ASSISTANCE APPLICATION**

**Return by July 15, 2008**

Sally Bartlett, CACFP Specialist  
Child Nutrition Programs  
Idaho State Department of Education  
P.O. Box 83720  
Boise, Idaho 83720

**PART I-To be completed by sponsor**

Sponsor Name	EIN Number				
Mailing Address	City	Zip			
Phone #	Fax #				
Date of sponsor's fiscal year	month	year	to	month	year

1. Amount of Child and Adult Care Food Program funds received during your fiscal year:  
\$\_\_\_\_\_.
2. Total of all federal funds, including Child and Adult Care Food Program, expended during your fiscal year: \$\_\_\_\_\_.
3. Attach auditor's itemized invoice, including cost of total audit and the Child and Adult Care Program portion of that cost. Invoice must indicate hours involved in testing compliance with CACFP regulations for organization-wide audits. Amount of assistance requested: \$\_\_\_\_\_.
4. Enclose a copy of the most recent audit report, unless previously submitted to the SDE.

I hereby certify that the information on this form is true and correct to the best of my knowledge. I acknowledge this information is being given in connection with receipt of Federal funds and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Print Name of Sponsoring Organization Representative	(Title)
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Signature of Sponsoring Organization Representative	(Date)
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**Part II—To be completed by Audit staff, Child Nutrition Programs**

Date audit received at SDE _____	Meets audit standards (GAAS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Meets requirements for audit assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Type of Audit :( circle one)	Program Specific Organization-wide	
Recommended assistance amount: \$_____.			
Payment amount \$_____			

Approved by: _____	Date approved _____
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